

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number	6,890,713
	Issue Date	May 10, 2005
	First Named Inventor	Andrew SHYJAN
	Title	MULTIDRUG RESISTANCE- ASSOCIATED POLYPEPTIDE
	Art Unit	1642
	Examiner Name	S.J. Huff
	Attorney Docket No.	117742-07002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 86738

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date July 14, 2009
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Title and Company Sr. Patent Counsel, Millennium Pharmaceuticals, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: July 27, 2009

Signature: /MLZ/
Maria Laccotripe Zacharakis, Ph.D., J.D.